2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A07277

1. Entity Name

BAYROCK INVESTMENT CO., LTD.

FILED
00 JAN 24 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
401 EAST BOULEVARD. SUITE 210 CHARLOTTE NC 28203	P.O. BOX 37389 CHARLOTTE NC 28237-7389

2. Principal Place of Business	3. Mailing Address
1031 S. Caldwell St	
Suite, Apt. #, etc.: Ste 101	Suite, Apt. #, etc.
City & State: Charlotte, NC	City & State
Zip: 28203 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-6150079 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORTON, GURLEY, HAMMERSLEY & LOPEZ, P.A. C/O PETER Z. SKOKOS 1819 MAIN STREET, SUITE 610 SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M99000000759	STREET ADDRESS	1031 S Caldwell St Ste 101
NAME	BAYROCK INVESTMENT CO., LLC	CITY-ST-ZIP	Charlotte, NC 28203
STREET ADDRESS	401 EAST BOULEVARD, SUITE 210		
CITY-ST-ZIP	CHARLOTTE NC 28203		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership o the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Marian L. Hammers Thomas L. Hammers 1/20/00 704-344-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #